

Standard Form No. 1285
Prescribed by
Comptroller General, U. S.
Circular No. 122
(Rev. May 10, 1952, Supp. No. 1)

DESIGNATION OF BENEFICIARY
UNPAID COMPENSATION OF
DECEASED CIVILIAN EMPLOYEES

IMPORTANT
Read instructions
on back of duplicate
before filling in this form

INFORMATION CONCERNING THE EMPLOYEE:

NAME— (Last)	(First)	(Middle)	Date of Birth (Month, day, year)
HILLMANN	Fritz	Wilhelm Arnold	Aug 6, 1898

DEPARTMENT OR AGENCY IN WHICH EMPLOYED

(Department or agency)	(Bureau)	(Division)
State Department,	HICOG, BE	Public Safety Div.

I, the employee identified above, canceling any and all previous Designations of Beneficiary heretofore made by me, do now designate the beneficiary or beneficiaries named below to receive any UNPAID COMPENSATION due and payable under existing law after my death. I understand that this Designation of Beneficiary relates solely to Unpaid Compensation as defined in section 8 of the act of August 3, 1950, Public Law 556, and in no wise will affect the disposition of any benefit which may become payable under the Retirement Act applicable to my Government service. I further understand that this Designation of Beneficiary will remain in full force and effect, unless or until canceled by me in writing, so long as I am continuously employed in the above department or agency.

INFORMATION CONCERNING THE BENEFICIARY OR BENEFICIARIES:

Type or print first name, middle initial, and last name of each beneficiary	Type or print address of each beneficiary	Relationship	Share to be paid to each beneficiary
Käthe Hillmann nee Colson	36 Stindestr., Berlin Steglitz	wife	All

I hereby direct, unless otherwise indicated above, that, if more than one beneficiary is named, the share of any deceased beneficiary who may predecease me shall be distributed equally among the surviving beneficiaries, or ratably to the survivor. I understand that this Designation of Beneficiary shall be void if none of the designated beneficiaries is living at the time of my death.

I hereby specifically reserve the right to cancel or change any designation of beneficiary at any time in the manner and form prescribed by the Comptroller General of the United States, and without knowledge or consent of the beneficiary.

September 9, 1952

(Date of execution—month, day, year)

Fritz Hillmann
(Signature of employee)

(Printed name of employee)

WITNESSES TO SIGNATURE:

Herbert K. Hagen
(Signature of witness)

7 Holsteinische St.,
Berlin-Steglitz

Germany
(City, town number, and State)

Hanna Künze
(Signature of witness)

169 Argentinische Allee,
Berlin-Steglitz

Germany
(City, town number, and State)

PRINT OR TYPE NAME AND ADDRESS OF EMPLOYEE

Fritz HILLMANN
Berlin-Steglitz
Stindestr. 36

THIS SPACE RESERVED FOR RECEIVING DATA OF EMPLOYING AGENCY

23 SEP 1952

(Date of filing by agency)

DELIVER BOTH COPIES TO THE PROPER OFFICE OF YOUR AGENCY—DUPLICATE WILL BE NOTED AND RETURNED

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DATE 2003 2005

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